

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003140

AMENDED

Registration District No. <u>278</u>		Primary Registration District No. <u>3054</u>		Registrar's No. <u>19</u>		STATE FILE NUMBER	
FILED FEB 1 1962							
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA.</u>				Length of stay in 1b <u>14 yrs</u>		c. CITY OR TOWN <u>LOUISIANA.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>CHAMP CLARK MOTEL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>CHAMP CLARK MOTEL</u>	
3. NAME OF DECEASED (Type or print) <u>THOMAS LEO POWERS</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>28</u> Year <u>1962</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-29-91</u>	
9. AGE (last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, unless if retired)		11. BIRTHPLACE (City and state or country) <u>PEORIA ILL</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ARTHUR POWERS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MC. NAMARA</u>		14. NAME OF HUSBAND OR WIFE <u>MAHALA POWERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				17. INFORMANT <u>MAHALA POWERS</u> Address <u>LOUISIANA, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pyelonephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 mths</u>	
DUE TO (b) <u>Arteriosclerotic Hypertensive cardio vascular renal disease</u>						<u>10 yrs</u>	
DUE TO (c) <u>Parkinsons Disease. Peptic Ulcer</u>						<u>10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>1955</u> to <u>1/28/62</u> and last saw him alive on <u>1/28/62</u> Death occurred at <u>8 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Chas. H. Lewellen</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>122 S. 3rd St. Louisiana, Mo.</u>		22c. DATE SIGNED <u>1/30/62</u>	
23a. BURIAL, CREMATION, etc. (Specify) <u>BURIAL</u>		23b. DATE <u>JAN 30-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>RIVER VIEW</u>		23d. LOCATION (City, town, or county) (State) <u>LOUISIANA MO</u>	
24. FUNERAL DIRECTOR <u>GEORGE M. COLLIER</u>		ADDRESS <u>LOUISIANA</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-62</u>		26. REGISTRAR'S SIGNATURE <u>Huntard W. M. D.</u>	

(Licensee's Statement on Reverse Side)

FEB 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leo M. Collier

Licensed Embalmer No.

3839

P. O. Address

Lawrence J. ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.